

ATTACHMENT E

CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) BASIC STATE GRANT (BSG) 5-YEAR PLAN, FY 2005 – 2009

The areas Hawaii has selected for improvement from the 14 areas delineated under CAPTA are marked.

			CAPTA improvement categories for use of grant funds:	Area Hawaii is targeting for improvement in the plan
1			To improve intake, assessment, screening and investigation of CAN reports	X
2	a.		To create and improve the use of multidisciplinary teams and interagency protocols to enhance investigations	
	b.		To improve legal preparation and representation, including -	
		(i)	Procedures for appealing and responding to appeals of confirmed CAN reports	
		(ii)	Provisions for the appointment of an individual to represent a child in judicial proceedings	
3			To improve case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families	X
4			To develop, improve and implement risk and safety assessment tools and protocols	
5			To develop and update CWS systems of technology and tracks CAN reports from intake through final disposition and allow interstate and intrastate	

		CAPTA improvement categories for use of grant funds:	Area Hawaii is targeting for improvement in the plan
		and their supervisors, including to improve recruitment and retention of caseworkers	
8		To develop and facilitate training protocols for mandated reporters	
9		To develop and facilitate research-based strategies for training mandated reporters	
10		To develop, implement or operate programs to assist in obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions, including – (a) existing social and health services, (b) financial, (c) services necessary to facilitate adoptive placement of such infants who have been relinquished for adoption	
11		To develop and deliver information to improve public education on the child protection system, roles, responsibilities, nature and basis for CAN reporting	
12		To develop and enhance the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat CAN at the neighborhood level	
13		To support and enhance interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment, including methods for continuity of treatment plan and services as children transition between systems	
14		To support and enhance collaboration among public health agencies, the child protection system, and private community-based programs to provide CAN prevention and treatment services, including linkages with the education system, and to address the health needs, including mental health needs, of children	

Per Hawaii's CWS procedures, a response to a maltreatment report is considered initiated when face-to-face contact is established with the alleged child victim. The required timeframes, per procedures, is as follows:

- ? HIGH and SEVERE risk: Immediately (within 2 hours but no later than 24 hours of receipt of report)
- ? MODERATE risk: within 5 working days of receipt of report
- ? LOW or MODERATE risk may be diverted to a community resource rather than investigated.

Of 25 applicable cases that were reviewed on this factor, 12 (48%) were cases where response was not initiated within required timeframes.

11 of the 12 cases that were not responded to in a timely manner were rated as HIGH or SEVERE risk, requiring immediate response. In these cases, the initial face-to-face contact occurred anywhere from 3 days to 2 months from receipt of report.

As noted in the PIP and CFSP, high workload and high turnover have made it difficult for DHS to respond consistently to reports of alleged maltreatment in a timely manner. With the continuous growth in reports accepted for investigation and insufficient staffing resources, the Department's PIP and CFSP strategy is to provide front-end relief/assistance to staff by diverting appropriate cases to community-based alternate response programs and re-examining intakes and assessments to determine differential response options for some threatened harm cases and some voluntary supervision and voluntary foster care cases. The PIP would fund and put in place differential response options.

PIP actions over the next 2 years include:

1. Clarify existing rules and procedures related to the acceptance of reports of child abuse and neglect and response time.
2. Develop and implement a structured decision-making model for intake screening, initial and ongoing safety and risk assessment, differential response determination and service planning.
3. Pilot "Immediate Response Teams" (IRT) to respond within 24 hours to reports of child abuse that require immediate face-to-face assessment.
4. Develop a purchase of service (POS) "Voluntary Services Program" (VSP)

achievement of targeted PIP improvements under safety Goal 1 and its objectives.

The activities, timetable, and other benchmarks of progress made are established in the PIP Workplan, under Item 1 (see ATTACHMENT C). Evaluation of plans to expand diversion services will be evaluated under the PIP.

CAPTA funds (\$30,333) will also be used to **maintain current funding for Child Death Reviews** conducted by the Department of Health (DOH) to provide DHS with review information to inform and guide CWS improvements in intake screening, assessment/ investigation, case management, monitoring, service planning and case closure decisions.

The CAPTA 5-year spending plan is a **no-growth, maintenance of current effort plan based on a federal no-growth projection**. The expansion of diversion services to effect PIP improvements will be funded through the Title XX Social Services Block Grant (SSBG) spending plan.

CAPTA 5-YEAR SPENDING PLAN
BASED ON A NO GROWTH PROJECTION

	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
Diversion Services	\$ 95,699	\$ 95,699	\$ 95,699	\$ 95,699	\$95,699
DOH Child Death Review Services	\$ 30,333	\$ 30,333	\$ 30,333	\$ 30,333	\$ 30,333
CAPTA GRANT TOTAL	\$126,032	\$126,032	\$126,032	\$126,032	\$126,032

PROJECTED 5-YEAR STATE SPENDING PLAN
FOR STATEWIDE DIVERSION SERVICES
TO ACHIEVE PLANNED IMPROVEMENTS

	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
CAPTA Funds	\$ 95,699	\$ 95,699	\$ 95,699	\$ 95,699	\$95,699
SFY 2004 POS Baseline for Statewide Diversion Services Funding	\$781,899	\$781,899	\$781,899	\$781,899	\$781,899
Projected Additional Funds for POS Statewide Diversion Services to Implement PIP Improvements; Funding Source – Title XX Social Services Block Grant (TANF Transfer)*	\$1,200,000	\$1,200,000	\$1,200,000	\$1,200,000	\$1,200,000
TOTAL PROJECTED FUNDING FOR POS STATEWIDE DIVERSION PROGRAM TO IMPLEMENT PIP IMPROVEMENTS	\$1,981,899	\$1,981,899	\$1,981,899	\$1,981,899	\$1,981,899

* NOTE: Federal law allows states to transfer up to 10% of their Temporary Assistance for Needy Families (TANF) allotment to Title XX CDBG. The law

CAPTA-REQUIRED CITIZEN REVIEW PANELS

States receiving CAPTA BSG funds are required to establish at least 3 Citizen Review Panels (CRP), unless a state is a minimum allotment state under the CAPTA Community-Based Child Abuse and Neglect Prevention Grant. Hawaii is not a minimum allotment state and is, therefore, required to establish and maintain at least 3 CRP.

Hawaii has established 5 CRP, 3 of which are active:

- ? Kauai CRP
- ? Maui CRP
- ? East Hawaii CRP (not active; plan to re-activate)
- ? West Hawaii CRP
- ? Oahu CRP (not active)

Purpose and function of the CRP:

- ? Shall evaluate – by examining policies, procedures, and practices, and, where appropriate, specific cases - the extent to which the State and local child protection system (CPS) agencies are effectively discharging their child protection responsibilities in accordance with –
 - ✍ The State CAPTA plan
 - ✍ CAPTA child protection standards (see ATTACHMENT J for CAPTA assurances)
 - ✍ Any other criteria the CRP considers important to ensure protection of children, including –
 - A review of the extent the CPS system is coordinated with foster care and adoption programs under title IV-E
 - A review of child fatalities and near fatalities (an act, as certified by a physician, that places a child in serious or critical condition; serious bodily injury involves substantial risk of death, extreme physical pain, protracted and obvious disfigurement, or protracted loss or impairment of a bodily member, organ or mental faculty).

Membership requirements: Shall be composed of volunteer members who are broadly representative of the community in which the panel is established,

The State that establishes the CRP is required under CAPTA to establish civil sanctions for violation of the confidentiality requirements.

Public outreach requirement: Each CRP shall provide for public outreach and comment in order to assess the impact of current procedures and practices upon children and families in the community and in order to meet its CAPTA purpose/functions/obligations. The CFSR Statewide Assessment, On-site Review and PIP follow-up provided the forum for public outreach and comment.

State obligations/requirements to the CRP under CAPTA:

1. The state shall provide the CRP access to information on cases that the CRP desires to review, if such information is necessary for the CRP to carry out its CAPTA functions.
2. The State shall provide the CRP, upon its request, staff assistance for performance of the functions/duties of the CRP.

CRP reporting requirement: Each CRP is required to prepare and make available to the state and to the public, on an annual basis, a report containing –

1. A summary of CRP activities
2. Recommendations to improve the child protection services system at the State and local levels.

Not less than 6 months after the date on which the report is submitted by the CRP to the State, DHS must submit a written response to the CRP and to the State and local CWS system. The written response must –

2. Describe whether or how the State will incorporate the recommendations of the CRP (where appropriate) to make measurable progress in improving the State and local CWS system.

The Kauai and Maui CRP submitted their report in March 2004 to the State CWS Program Development (PD) Staff. The West Hawaii CRP in April 2004. According to PD, both the East Hawaii and Oahu CRP have not submitted a report.